ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	DT V	7[53) 7[53]	2-23-00 3-8-00 4-14-00 5-16-00

## INDEX OF CLAIMS

=	Rejected	l A	Non-elected Interference Appeal Objected
_	Restricted	0	Objected

	_ (Through numeral)	. Canceled Restricted	A O	Appeal Objected	
		Claim	Date	Claim	Date
ginal Strain		Original Display		Final	
1 W/V		51 52		101	
3/1/		53		103	
5 / /		55 56		105	
7 7 7		57		107	
9 / /		59 60		109	
11 /		61 62		111	
13/1/		63		113	
15 /		65 66		115	
17 1/		68		117	
19 / /		70		119	
21 22		71 72		121	
23		73 74		123	
25 26		75 76		125 126 127	
27 28		77 78		128	
30		79 80		130	
31 32		81 82 83		132	
33 34		84 85		134	
35 36		86		136	
37 38		88		138	
39 40		90		140	
41 42		92		142	
43 44		94 95		144	
45		96		146	
47 48 49		98		148	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here

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BEST AVAILABLE COPY